

BEFORE THE OKLAHOMA BOARD OF NURSING

IN THE MATTER OF

Dawn Karlin
NURSES'S NAME

R0076671
NURSE'S LICENSE NUMBER(S)

RECEIVED

AUG 24 2018

OBN

RESPONSE

COMES NOW Dawn Marie Karlin

NURSES NAME (Hereinafter "Respondent") and respectfully states:

1. Respondent admits or denies (circle either admits or denies) the statement(s) in Paragraph 1 of the Oklahoma Board of Nursing's ["Board"] Complaint
2. Respondent admits or denies (circle either admits or denies) the statement(s) in Paragraph 2 of the Oklahoma Board of Nursing's ["Board"] Complaint.
3. Respondent admits or denies (circle either admits or denies) the statement(s) in Paragraph 3 of the Oklahoma Board of Nursing's ["Board"] Complaint.
4. Respondent further provides: (This is the Respondent's opportunity to address the statement(s) and allegation(s) in the Complaint. Additional pages may be attached if necessary.)

See attached Response

FAILURE TO "ADMIT" OR "DENY" WILL BE DEEMED AS A NO RESPONSE AND THE RESPONDENT SHALL BE CONSIDERED IN DEFAULT AND THE ALLEGATION SHALL BE DEEMED ADMITTED, AND THE BOARD MAY TAKE WHATEVER ACTION IT DEEMS SUFFICIENT AND APPROPRIATE FOR THE PURPOSE OF DETERMINING THE DISCIPLINE TO BE IMPOSED. (OAC 485:10-11-2.(b)(2)(9))

WHEREFORE, Respondent presents this Response to the Complaint before the Oklahoma Board of Nursing.

DATED this _____ day of _____, 2018
Month

RESPONDENT'S SIGNATURE

STATE OF OKLAHOMA)
COUNTY OF _____)

_____ is the Respondent in the above matter before the Oklahoma Board of Nursing and has read the Response and knows the contents thereof, and the facts set forth therein are true to the best of the Respondent's information and belief.

RESPONDENT'S SIGNATURE

SUBSCRIBED AND SWORN to me before this _____ day of _____, 2018.

NOTARY PUBLIC
My Commission expires:

THE OKLAHOMA BOARD OF NURSING

RECEIVED

AUG 24 2018

OBN

IN THE MATTER OF DAWN MARIE SMITH RONSPIEZ KARLIN, RN, APRN-CNM

RESPONDENTS RESPONSE TO COMPLAINT

In response to the Complaint filed against Respondents Oklahoma Nursing license in the above entitled matter the Respondent, by and through her attorney of record James Barber, provides the following:

1. Paragraph 1 is admitted
2. Paragraph 2 is admitted
3. Paragraph 3 is denied with the following particulars:

The Respondent denies that she put any of her clients involved in these unfortunate circumstances into harms way. Respondent admits to issues surrounding the consent Form signed on June 2, 2016, however Respondent asserts that it was the parents informed choice to proceed. Respondent admits that pts. #1 baby was born at mercy, subsequently moved to OU children's Hospital, where the child subsequently died. However, Respondent denies that her actions or practice were the cause of that demise or that she was outside the scope of her nursing practice. Further, Respondent admits to providing care for Patient #3 but denies that her care was either outside her scope of practice or provided in an unsafe manner. Respondent denies that her direct actions were responsible for the demise of Patient #3 child.

4. Jurisdiction in Paragraph 4 is admitted

Further the Respondent says naught at this time and requests neither her Oklahoma Nursing license be impaired in any way, or that financial penalties be imposed

Dated the 24th day of August, 2018.



Respondent's signature



James M. Barber, OBA 19305
7006 NW 63rd Street, Suite 106
Bethany, Oklahoma
73008
(405)209-5720
Fax (405) 603-7026

RECEIVED

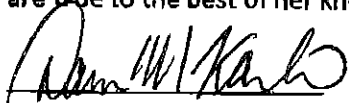
AUG 24 2018

CBN

VERIFICATION

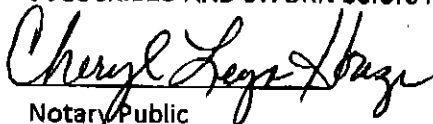
STATE OF OKLAHOMA)
COUNTY OF OKLAHOMA)

Dawn Karlin is the Respondent in the above entitled matter before the Oklahoma Board of Nursing, has read this Response, knows the contents thereof, and the facts set forth therein are true to the best of her knowledge and belief.

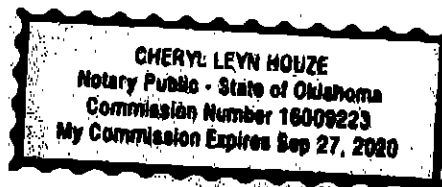


Respondents Signature

SUBSCRIBED AND SWORN before me this 24th day of August, 2018


Notary Public

August 24, 2018



OKLAHOMA BOARD OF NURSING
2915 N. Classen Blvd, Suite 524
Oklahoma City, Oklahoma 73106-5437
Phone: (405) 962-1800
Fax: (405) 962-1819

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NOTICE OF APPEARANCE

NAME (please print): Dawn Marie Karlin

License Number(s): RO076671

PLEASE CHECK ONE ONLY:

X

I **WILL** ATTEND the Hearing before the Oklahoma Board of Nursing, as set forth in the Notice.

I **WILL NOT** ATTEND the Hearing before the Oklahoma Board of Nursing, as set forth in the Notice.

To request a mutual exchange of Witness and Exhibit lists in this matter, please check here ☒

If you checked the box, you or your attorney will be contacted to arrange a date for the mutual exchange of the Witness and Exhibit lists.

Nurse Signature: *Dawn M. Karlin*

Daytime phone number(s): (405) 209-5700 Alternate Phone No.: ()

Date: 8/24/18

RETURN NOTICE OF APPEARANCE AND RESPONSE

BY MAIL TO:

OKLAHOMA BOARD OF NURSING
ATTN: Debbie McKinney, Attorney
2915 N. Classen Blvd, Suite 524
Oklahoma City, Oklahoma 73106-5437

OR

BY FAX TO:

OKLAHOMA BOARD OF NURSING
ATTN: Debbie McKinney, Attorney
FAX Number: (405) 962-1819

AGENCY USE ONLY

Filed Timely: yes
Filed Untimely: no
Inv/Sec Init: hbi: fj

NOA Received: yes
Response Received: yes
Mailed to Attorney: yes

W/E List Requested: yes
Board Book: no